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Approved for use through 01/31/2014. OMB 0631-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<u> </u>	BIYOR REGISTION ACTO	TV80 NO DEFECTE BIE	redoneo (o i	гезрола со а совес			IVE a valid OMB control number	
FEE TRANSMITTAL							nplete If Known	
						9/197,987		
				Filing Date		November 23, 1998		
	<u> </u>			First Named II		Kareny		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Nan		Not Applicable		
TOTAL AMOUNT OF PAYMENT (\$)			Art Unit	1101 Applicable				
		Attomey Docket No. 801134						
METHOD OF PAYMENT (check all that apply)								
Check ✓ Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number. Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
<u>Application</u>	Type Fee (Small Entity 5) <u>Fee (S)</u>	Fee (\$	Small Entity Fee (\$)	<u>Fee (\$</u>	Small Entity 1 Fee (\$)	Fees Paid (\$)	
Utility _	380	190	620	310	250	125		
Design	250	125	120	60	160	80		
Plant	250	125	380	190	200	100		
Reissue	380	190	620	310	750	375		
Provisiona	250	125	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee (\$) Fee (\$) 250 125 450 225 Multiple Dependent Claims							Fee (\$) 30 125 225 spendent Claims	
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee - 3 or HP = X			Paid (\$)		<u>Fee (\$)</u>	Fee Paid (\$)		
HP = highest number of Independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (S) Fee Paid (S) - 100 = / 50 = (round up to a whole number) x =								
A. OTHER FEE(S) Non-English Specification. \$130 fee (no small entity discount) Fees Paid (S)								
Other (e.g.	late filing surchar	ge): <u>Surcharge afte</u>	r expiration	ı (unintentional) (minus addi	li fees pald)	\$630	
LIBMITTED BY								
nature /Gall Taylor Russell/				Registration No. 3	egistration No. 38,290		Telephone 512-338-4801	

Si Name (Print/Type) Gail Taylor Russell Date 2/15/2012

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

if you need essistence in completing the form, call 1-800-PTO-9199 and select option 2.